[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Adjuster Name]
[Insurance Company Name]
[Address]
[City, State, Zip Code]

RE: NOTICE OF INTENT TO SETTLE

Claimant: [Patient Name]
Facility: [Nursing Home Name]
Date of Loss/Injury: [Date Range of Neglect]
Claim Number: [Claim Number, if known]

To [Adjuster Name],

Please accept this letter as a formal demand for settlement regarding the injuries sustained by [Patient Name] due to the negligence and breach of duty by the staff and administration at [Nursing Home Name].

Factual Background
[Patient Name] was admitted to [Nursing Home Name] on [Date] for [Reason for Admission]. During their residency, the facility failed to provide the standard of care required by law. Specifically, on or about [Date], the following incidents occurred: [Describe specific neglect, e.g., falls, pressure ulcers, medication errors, or dehydration].

Liability
The evidence indicates that [Nursing Home Name] breached its duty of care by [List specific failures, e.g., failing to implement a fall risk plan, inadequate staffing, or failure to monitor]. These failures directly resulted in the preventable injuries suffered by [Patient Name].

Medical Treatment and Damages
As a result of this neglect, [Patient Name] suffered [List specific injuries]. Treatment required:

- [Hospitalization details]
- [Surgeries or medical procedures]
- [Physical therapy or rehabilitation]
- [Ongoing pain and suffering]

Total medical expenses incurred to date amount to $[Amount].

Settlement Demand
Based on the clear liability of the facility and the significant physical and emotional distress caused to [Patient Name], we hereby demand the sum of $[Total Demand Amount] to fully resolve this claim.

This offer is made for the purpose of settlement only. We expect a response within [Number, e.g., 30] days. If we are unable to reach a fair agreement, we are prepared to proceed with formal litigation.

Sincerely,

[Your Signature]
[Your Printed Name]